



New State and Tribal Partnership Formed to Reduce Problem Gambling

By Steve Smothers, Prevention Lead and Gambling Program Manager

The Division of Alcohol and Substance Abuse (DASA) is excited about the opportunity to partner with the Washington State Gambling Commission, Washington's Lottery, and Washington State's Horse Racing Commission to address problem and pathological gambling in Washington State.

DASA entered into an agreement in the amount of \$150,000 with the state agencies mentioned to provide:

- Public awareness and industry training.
- Distribution of educational materials.
- Training of professionals.
- Expansion of the problem gambling helpline.

What is Problem Gambling?

Problem gambling is gambling behavior which causes disruptions in any major area of life: psychological, physical, social, or vocational. The term "Problem Gambling" includes, but is not limited to, the condition known as "Pathological", or "Compulsive" Gambling, a progressive addiction characterized by increasing preoccupation with gambling, a need to bet more money more frequently, restlessness or irritability when attempting to stop, "chasing" losses, and loss of control manifested by continuation of the gambling

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Letters to the Editor

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or suggestions for articles to:

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Prevention and Treatment Resources

DASA website: www1.dshs.wa.gov/dasa

Chemical Dependency Professionals:
<http://www.cdpcertification.org/default.asp>

Alcohol/Drug 24-Hour Helpline:
1-800-562-1240
www.odhl.org

Alcohol/Drug Prevention Clearinghouse:
1-800-662-9111
<http://clearinghouse.adhl.org>

Media Literacy:
www.teenhealthandthemedianet

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Speaking Up During Legislative Session

By Ken Stark

The Legislature convened for the 2005 Regular Session in January. You can actively participate in the legislative process in a variety of ways. Select the method that allows the fullest expression of your personal interest and commitment, but follow some basic steps:

- **Know How the Process Works.** Contact the Legislative Information Center at (360) 786-7573, toll-free at 1-800-562-6000, or visit the Washington State Legislature LEGInfo website at: <http://www1.leg.wa.gov/legislature>.
 - **Get to Know Your Legislators.** One way to get to know your legislators is to arrange a meeting during session. You can also express your views by writing a letter or e-mail. Contact information for Legislators may be found at: <http://www.leg.wa.gov/DistrictFinder/Default.aspx>.
 - **Join the Legislative List.** The Legislative List provides a convenient way to be notified of hearings, floor activities, and more by e-mail. Get up-to-date committee agendas, receive the Legislative Weekly and Daily Meeting Schedules, and/or Senate Order of Consideration postings. To join the list, go to: <http://www.leg.wa.gov/subscriptions/index.cfm>.
 - **Listen to Hearings.** TVW, Washington State's Public Affairs Network, provides unedited television coverage of state government deliberations and public policy events. Programming can be accessed on cable networks throughout Washington State. You may also listen and watch real-time audio and video, archives, or select webcast-only live events for free. For more information, go to: <http://www.tvw.org/>.
 - **Testify at a Hearing.** A bill has a public hearing before Senate and House committees before being considered on the floor of the House and Senate. Your opportunity to testify comes at the committee hearings. If you cannot appear before a committee, you may write a letter making your position on a bill known. Legislative hearings are conducted informally. They are not judicial proceedings and the rules are somewhat relaxed. To find out when a hearing is scheduled visit: <http://www.leg.wa.gov/wsladm/calendar.cfm>.
 - **For more information on testifying in committee go to:** <http://www1.leg.wa.gov/Legislature/InsideTheLegislature/WorkingwithLeg/testify>.
- The legislative process is one way each of us can be informed about issues that may impact people who receive drug prevention and treatment services, and contribute to positive outcomes. 

Problem Gambling continued from Front Cover

behavior in spite of mounting, serious, negative consequences.

Problem Gambling In Washington State

A prevalence study was conducted on a random sample of 1,500 Washington State residents ages 18 and over in 1998 about the types of gambling in which they had ever participated. The main purpose of the study was to compare prevalence rates of problem gambling in Washington State with rates from other jurisdictions. The following are findings from Gambling and Problem Gambling Report in Washington State: A Replication Study, 1992 to 1998:

Key Findings:

Lifetime gambling participation ranges from 64% to 95% in population surveys in the United States. In Washington State in 1998, 89% of the respondents had gambled at some time in their lives on one or more of the 16 gambling activities included in the study.

In 1998, Washington State respondents who ever gambled were most likely to be between the ages of 25 and 54, to have graduated from high school and/or attended some college, to be working full time, and to have household incomes over \$25,000.

In 1998, Washington State respondents who gambled weekly on one or more activities were most likely to be male between the ages of 35 and 64 and working full time. Weekly gamblers in Washington State were more likely than other

respondents to be divorced or separated, and less likely to have attended college.

Lifetime prevalence rates of problem and probable pathological gambling range from 2.3% in South Dakota in 1993 to 7.3% in New York in 1996. The combined lifetime prevalence rate of problem and probable pathological gambling in Washington State in 1998 was 5%.

Based on these lifetime prevalence rates, it is estimated that between 30,300 and 77,700 Washington State residents can be classified as lifetime probable pathological gamblers. In addition, between 114,300 and 193,200 Washington State residents can be classified as lifetime problem gamblers.

Current prevalence rates of problem and probable pathological gambling range from 1.2% in South Dakota in 1993 to 4.9% in Mississippi in 1996. The combined current prevalence rate of problem and probable pathological gambling in Washington State is 2.3%.

Based on these current prevalence rates, it is estimated that between 6,200 and 35,300 Washington State residents can be classified as current probable pathological gamblers. In addition, between 47,000 and 102,600 Washington State residents can be classified as current problem gamblers.

In 1998, Washington State respondents who scored as lifetime problem or probable pathological gamblers were scientifically more likely than other gamblers to be male, under the age of 25,

non-White or Hispanic, and never married. There were no significant differences of non-problem and problem gamblers in marital status, employment status, and household income.

For more information about this report, please visit the Washington State Council on Problem Gambling at www.wscpg.org.

Substance Use, Need For Substance Abuse Treatment Higher Among Problem Gamblers

Findings from the 2003 Washington State Needs Assessment Household Survey report indicated that adults with a gambling problem reported higher rates of substance use and higher need for alcohol or drug treatment, compared with adults who do not have a gambling problem.


Key Findings:

Problem gamblers were twice as likely to smoke cigarettes in the past year (40%), compared to adults without a gambling problem (20.7%).

Problem gamblers were twice as likely to use "hard" drugs (12.6%), compared to adults who do not have a gambling problem (4.6%).

Problem gamblers were twice as likely to need alcohol or drug treatment (23.2%), compared to adults without a gambling problem (10.7%).

For more information on problem gambling, contact the Problem Gambling Helpline at 1-800-547-6133.

For more information about the DASA Problem Gambling Program, contact Steve Smothers, at 360-438-8066 or smothsw@dshs.wa.gov. 

New Alcohol/Drug Information School Curriculum

By Dixie Grunenfelder


After months of hard work with a very active stakeholder group, the Division of Alcohol and Substance Abuse (DASA), in partnership with The Change Companies, has completed revision of the Alcohol and Other Drug Information School (A/DIS) Curriculum. The curriculum offers participants information about alcohol and other drugs and assists them in making changes to their high-risk substance use behavior.

Beginning January 1, 2005, in accordance with Washington Administrative Code 388-805, programs certified to offer A/DIS will be required to use this new version of the curriculum. Instructors of A/DIS must either be an A/DIS Certified Instructor or a Chemical Dependency Professional.

The curriculum includes a facilitator guide and a participant workbook. The workbooks are available in English and Span-

ish. Each participant will be required to have a copy of the workbook. Although the A/DIS workbook provides a baseline for the A/DIS course, instructors are always free to incorporate additional content or instructional material as long as it is consistent with the core course content presented in the participant workbook.

The curriculum and workbooks can be ordered directly from The Change Companies by calling toll-free (888) 889-8866. Materials will be shipped by UPS Ground on the day that the order is received. Please allow 4-5 days for shipment.

We are very excited about this new A/DIS curriculum. If you have questions, please contact Dixie Grunenfelder, Training Director, at (360) 438-8219 or e-mail at grunedd@dshs.wa.gov. 

Concerned About Kids and TV? Take AME!

By Lynn Ziegler

Health and education professionals have a new media literacy resource. Action for Media Education (AME), the Seattle-based media literacy organization, recently launched its new website: www.action4mediaed.net.

AME, known for its smoking and alcohol prevention campaigns, is also tackling obesity and other critical health issues this coming year, and continues to provide parents and edu-

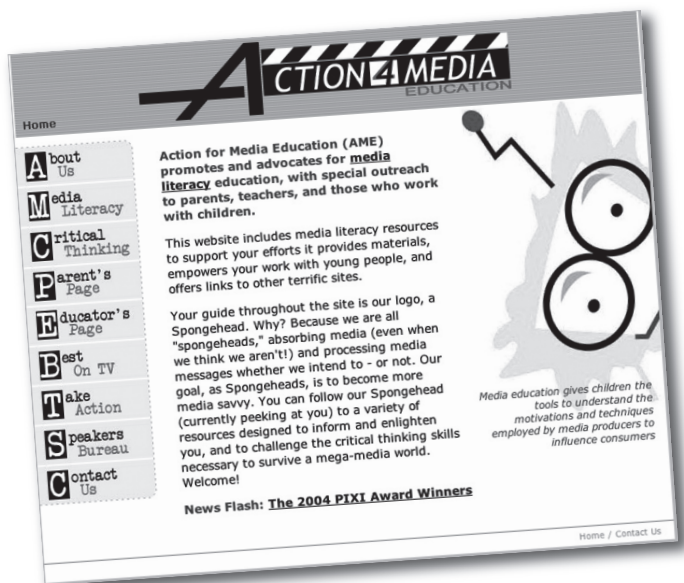
cators with innovative and fun material. The Educators' page provides lots of specific lesson plans, and the critical thinking segment is extremely helpful in getting kids to approach decision making in an entertaining way.

The Center for Media Literacy explores five key questions that educators can use to promote media literacy in the home, school and across our communities. The Center also offers guidance on how to further explore each of these five questions.

The five key questions are:

1. Who created this message?
2. What creative techniques are used to attract my attention?
3. How might different people understand this message differently from me?
4. What lifestyles, values and points of view are represented in, or omitted from, this message?
5. Why is this message being sent?

AME also offers a speaker's bureau, with several 45-minute talks. Check out www.action4mediaed.net to find out how to bring a presentation to your organization or school, or email Lynn Ziegler at lynnztv@earthlink.net.



DASA Releases New Report on Treatment Staffing Patterns

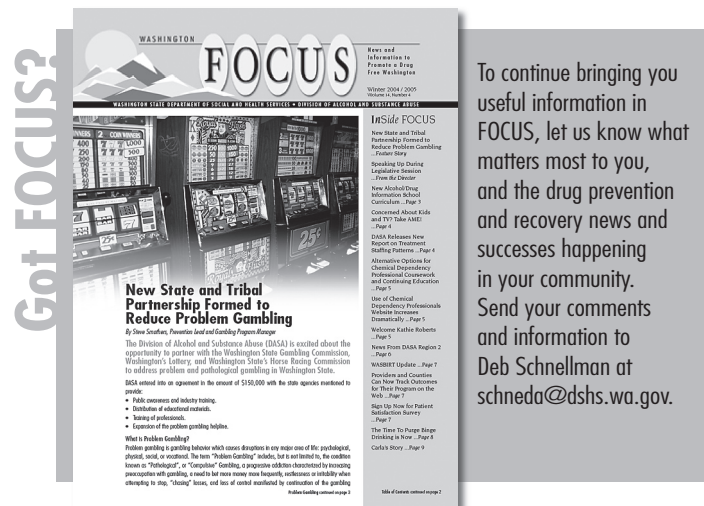
By Felix Rodriguez, Ph.D., Research and Evaluation

Every three years since 1991, the Division of Alcohol and Substance Abuse (DASA) has commissioned a statewide survey to assess the extent to which gender, race, disabilities, and multilingual ability are represented in staff of certified chemical dependency treatment facilities in Washington State.

DASA has released a new report showing the results of the most recent survey from 2003, and the staffing trends that have emerged over a period of 12 years. Among the findings contained in the report are:

- Between 1991 and 2003, in facilities that contract with DASA, the proportion of White employees continued to decline from 82.8 percent to 75.9 percent, while the proportion of minority employees appeared to show gains with most consistent increases noticeable in Native Americans from 4.4 percent to 6.9 percent.
- Between 2000 and 2003, the proportion of female administrators in facilities that contract with DASA dropped from 56.2 percent to 46.8 percent, while that of female administrators in facilities that do not contract with DASA rose from 45.8 percent to 49.3 percent.
- In 2003, 10 percent of all staff in facilities that contract with DASA were multilingual, and 52.1 percent of them spoke Spanish.

The report, *Staff Diversity in Washington State Chemical Dependency Treatment Facilities: Results from 2003 and Previous Surveys*, was written by Felix Rodriguez, Ph.D., of the Washington State University Edward R. Murrow School of Communication. This report is available on the DASA website at www1.dshs.wa.gov/dasa/. It is also available through the Washington State Alcohol/Drug Clearinghouse by calling 1-800-662-9111 or 206-725-9696 (within Seattle or outside Washington State), e-mailing: clearinghouse@adhl.org, or by writing or visiting them at 6535 Fifth Place South, Seattle, Washington 98108-0243.



To continue bringing you useful information in FOCUS, let us know what matters most to you, and the drug prevention and recovery news and successes happening in your community. Send your comments and information to Deb.Schnellman@dshs.wa.gov.

Alternative Options for Chemical Dependency Professional Coursework and Continuing Education

By Dixie Grunenfelder

Many individuals studying to become Chemical Dependency Professionals (CDPs) are looking for alternatives to take the required coursework. Additionally, current CDPs are in need of continuing education to maintain their certification. A quick survey of the field identified the following institutions that are offering courses online or through independent study.

Bellevue Community College

In the process of putting the entire program online. Courses are offered as independent study via e-mail. Students may review class schedules and directions for class work on www.bcc.ctc.edu/aldac.

For further information, contact Paul Weatherly at pweather@bcc.ctc.edu.

Edmonds Community College

Classes offered and schedules are posted at www.edcc.edu.

For further information, contact Paul Ancona at pancona@edcc.edu.

Pierce College

Several courses, including the HIV/AIDS Brief Risk Intervention. Registration for online can be done on site, by phone, online, mail, or fax. Visit the Pierce College website at www.pierce.ctc.edu.

For further information, contact Sandra Croswai at scroswai@pierce.ctc.edu.

Tacoma Community College

For further information, visit the college website at www.tacoma.ctc.edu. Or contact Mike Towey at mtowey@tcc.ctc.edu.

Northwest Frontier Addiction Technology Transfer Center (NFATTC)

Continuing education through their publication *The Addiction Messenger*, and listings of on-line course options.

For further information, call NFATTC at (503) 373-1322, or visit their website at www.nfattc.org, or visit www.AddictionED.org for a complete international reference for distance education opportunities. 🌱

Use of Chemical Dependency Professionals Website Increases Dramatically

By Tammy Dow, Assistant Director, 24-Hour Alcohol/Drug Helpline

As many of you are aware, we have been experiencing a shortage of Chemical Dependency Professionals in Washington State. As a result, the Division of Alcohol and Substance Abuse

(DASA) has funded a website as a tool in recruiting new counselors as well as filling job openings.

In March 2001 the 24-Hour Alcohol/Drug Help Line designed and implemented the Chemical Dependency Professionals (CDP) website to provide a

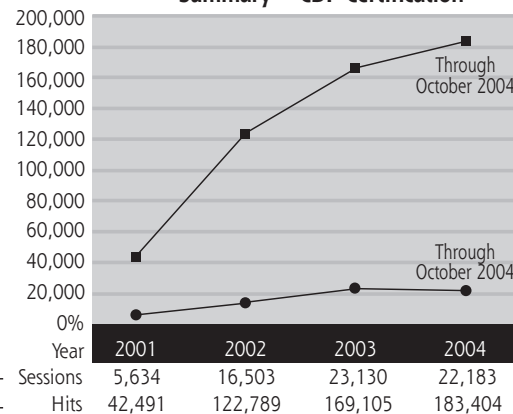
free service for agencies in Washington State to advertise employment opportunities for counselors. Individuals seeking jobs in the field of chemical dependency in Washington can view the website to see what is currently available. Individuals may also post their own resumes. This is a completely interactive process and requires no codes or passwords from those participating.

The website — www.cdpcertification.org — also has an informational page covering the basics on how to become a chemical dependency professional in Washington State. Educational requirements and appropriate links are available, including a downloadable application for registration as a counselor with the Washington State Department of Health.

Tracking the number of “sessions” (movement around the website) and “hits” (number of pages visited) shows an increase every year since the inception of the CDP website. In 2001 there was a total of 5,634 sessions and 42,491 hits for that year starting March 1st. The numbers through October 2004 are 22,183 sessions and 183,404 hits. This is a significant increase since the first year of operation.

If you're a provider with a vacant position, or you are seeking employment, we encourage you to post your resume or job announcements at www.cdpcertification.org. For questions or comments about the CDP website, contact Tammy Dow at (206) 722-3703 or asstdir@adhl.org. 🌱

Summary – CDP Certification



Welcome Kathie Roberts

DASA is pleased to welcome Kathie Roberts to the Office of Planning, Policy, and Legislative Relations. Kathie will be overseeing the development of the annual Substance Abuse Prevention and Treatment (SAPT) Block Grant, and will serve as DASA's quality coordinator. Most recently, Kathie worked in the Community Services Division (CSD) of the DSHS Economic Services Administration, where she coordinated the WorkFirst activities of CSD regional offices. Kathie has four daughters and a grandson, and is an avid flower gardener. Kathie – welcome aboard! 🌱

News From DASA Region 2

Who does Region 2 Serve?

The Yakima Nation and Asotin, Benton, Columbia, Franklin, Garfield, Kittitas, Klickitat, Walla Walla, and Yakima counties.

Who are the DASA staff who serve Region 2?

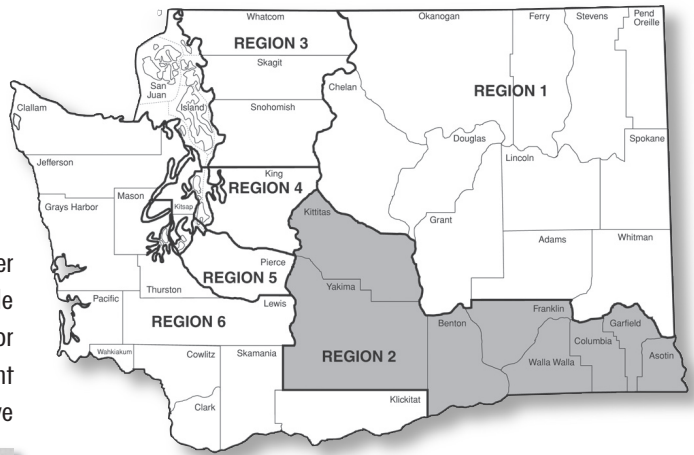
■ **Eric Larson**, our Regional Treatment Manager, has recently joined DASA after being in the field of chemical dependency treatment for nearly ten years. He just moved back to his home town of Yakima after living in Port Angeles for five years working as the clinical coordinator for a small adolescent outpatient program. Prior to that, he worked at a residential treatment program for five years while getting certified as a Chemical Dependency Professional and completing his degree. He is married to Stacey Jo and has one son, Anthony — 3, and one son on the way. He also has a 13 year old stepdaughter that lives in Yakima with her father. Eric enjoys drag racing at the local track in Yakima, as well as laughing and joking with his family until their stomachs hurt. He is adjusting to the move somewhat, but is hopeful to find a permanent house to “land” in.



■ **Stephanie Wise**, Regional Prevention Manager, has worked in a wide variety of positions within the human services field over the past 17 years. Prior to coming to DASA, she spent six years with DSHS as a quality consultant, human resources and organizational development manager, and training manager. She is pleased to be back in the prevention field after an absence of several years — prevention combines her interests and experience in research, planning, consultation, and community building. Stephanie collects historical photographs, enjoys family time at home, and road trips without a destination. She is considered an expert on Law and Order re-runs, and can also quote Seinfeld dialogue from memory.



■ **Ella Hanks**, Regional Administrator, has worked for the state for the past 3 years and in the CD field for over 15 years. Prior to coming to DASA, she was a counselor in residential and outpatient agencies and the administrator of the VOTE Program and CD Studies Program at a community college. She is married with three adult sons, two adult stepchildren, and nine and a half grandchildren (one is expected in April 2005). Ella and her husband, Richard, enjoy recreational bicycling, cross-country skiing, and watching old movies. Lately, she has been redecorating her home with furniture from Ikea. Due to a strong aversion to reading “instructions,” Ella’s job is to assist with the lifting, carrying, and sorting of furniture parts. Richard puts everything together.



■ **Barb Layman**, Administrative Support, is the newest member of our group. Barb has been a member of the DSHS Community Services Division (CSD) family for over 20 years, and has been located directly across the aisle from us DASA folks for about three years. She is highly skilled, adores her children and grandchildren, and always has a smile and friendly word to say! Barb can be reached at (509) 225-7903 and lamabk@dshs.wa.gov.



What Were Some Important Events Over The Last Year?

New Providers:

- Blue Mountain Counseling of Columbia, Dayton — Outpatient services
- Cascade Recovery Resource Center, Ellensburg, — Outpatient services
- Casita del Rio, Kennewick — Residential services for pregnant/post-partum and other women.
- Delozier Recovery Services, Yakima — Outpatient services
- Northwest Counseling Solutions, Walla Walla — DUI assessments

Statewide Conferences held in Region 2:

- Merrill Scott Symposium on Alcoholism
- Division of Alcohol and Substance Abuse Prevention Summit
- Division of Alcohol and Substance Abuse Co-Occurring Disorder Conference

Success Stories:

- Yakima County Drug Court was featured in a news article in the Yakima-Herald Republic.



WASBIRT Update

By Dennis W. Malmer, Project Director

On April 1, 2004, the Washington State Screening, Brief Intervention, Referral, and Treatment (WASBIRT) Program began providing screening, brief intervention, referral, and treatment to persons who are at risk of abuse and dependence on alcohol and other drugs that arrive at hospital emergency departments with an injury or other medical emergency.

Screening patients who are admitted to hospital emergency departments for alcohol and other drug misuse and dependency is becoming more prevalent across the United States. A growing number of emergency room physicians and health care professionals are screening patients, especially those presenting with trauma. The New York Times reported on October 27, 2004: "It's a prime opportunity to reach people at risk," said Dr. Gail D'Onofrio, an emergency room physician at Yale-New Haven Hospital in Connecticut.

Some of the underlying principles of WASBIRT and the primary reasons WASBIRT was implemented in hospital emergency departments were that:

- Traumatic injury inflicts enormous medical and psychosocial harm on its victims.
- The greatest underlying cause of injury is the misuse of alcohol and other drugs.
- A wide range of effective treatments have been developed for mild, moderate, and severe drug and alcohol problems.

Prior studies have shown that interventions, when delivered to injured patients in hospital emergency departments and on the inpatient units of hospitals, can reduce alcohol and drug consumption, prevent re-injury, and help patients with more severe problems access intensive, community-based chemical dependency treatment.

WASBIRT has enrolled over 5,600 patients in services during its first eight months of operation. Services are being provided at Harborview Medical Center in Seattle, Providence Everett Medical Center in Everett, Southwest Washington Medical Center in Vancouver, and Tacoma General Hospital in Tacoma. Yakima Regional Medical and Cardiac Center and Toppenish Community Hospital expect to begin WASBIRT services in Yakima County in December 2004.

If you have any questions about WASBIRT, please contact Dennis Malmer at (360) 438-8086, toll free at 1-877-301-4557, or by e-mail at malmedw@dshs.wa.gov.

Providers and Counties Can Now Track Outcomes for Their Programs on the Web

By Toni Krupski, Ph.D., DASA Research Supervisor

The DASA Treatment Analyzer (or the DASA-TA) is a newly developed web-based system that provides useful information about treatment outcomes at the state, county, and provider level. It is designed to be used by directors of publicly-funded chemical dependency treatment programs, county coordinators, and other persons responsible for using outcome data to manage programs, improve program quality, develop policy, and enhance planning efforts.

Here are some examples of statewide data that can be obtained from the DASA-TA:

- 44% of adults and 43% of youth completed outpatient treatment in the last year.
- 44% of persons assessed as needing treatment were actually admitted into treatment within 30 days of their assessment during May 2004.
- Approximately 46% of persons admitted to opiate substitution treatment were retained 12 months later.

Other outcomes currently available are employment, wages, and felony arrests for adult outpatient clients. These outcomes are calculated for the year before treatment compared to the year after discharge. They are all available in user-friendly standard reports that can be generated in one minute or less. No special computer skills are required. The only requirement is a computer with access to the internet and the Microsoft Internet Explorer Program version 5.5 or above. Adobe Acrobat 6.0 is also recommended. These features are available on most personal computers.

All registered users of the DASA-TA have access to statewide data, such as described in the above examples. In addition, providers who report to TARGET can also run reports for their own programs. Similarly, county coordinators can run reports for their own county. There is no charge for this service.

To register as a user, go to the DASA-TA website at <http://www.dasa-ta.com> and click on "Register Now." Prompts will instruct you through the process. If you have questions about the registration process, you can call the TARGET Help Desk at 1-888-461-8898 (toll free). Once you obtain access, download the "DASA-TA Quick Start Guide" from the DASA-TA website — it will help get you started.

Questions or comments about the system can be sent to Fritz Wrede, wredelf@dshs.wa.gov or Toni Krupski, krupstk@dshs.wa.gov.

Sign Up Now for Patient Satisfaction Survey

The 2005 Statewide Patient Satisfaction Survey will take place on March 21-25, 2005. Treatment providers who participate in this survey will receive a complimentary, confidential report showing the results for their agency. Chemical dependency treatment agencies wishing to participate in the survey should contact Felix Rodriguez, Ph.D., by phone at (360) 438-8629, by fax at (360) 407-1044, by e-mail at rodrifi@dshs.wa.gov, or by snail mail to the Division of Alcohol and Substance Abuse, P.O. Box 45330, Olympia, WA 98504.



Feature Commentary

The Time To Purge Binge Drinking is Now

By Dwayne Proctor, Ph.D., M.A.

As the first half of the school year winds down, we can only hope that the impact alcohol will have on America's college campuses in the second half of the year is not nearly as deadly as it was during the fall semester.

At Colorado State University, 19-year-old Samantha Spady died after downing between 30 and 40 drinks. At nearby University of Colorado, 18-year-old freshman Lynn Gordon Bailey died in what was reported to be a hazing incident involving alcohol. And at the University of Oklahoma, 19-year-old Blake Hammontree was found dead with a blood-alcohol level more than five times the state's legal driving limit.

If statistics from past years are any guide, approximately 1,400 college students will die during the 2004-2005 school year in alcohol-related incidents. If binge drinking was a disease that caused 1,400 deaths, 500,000 injuries, 70,000 sexual assaults, and 110,000 arrests each year, you could be certain that the response would be massive and comprehensive. How many more students must die before we decide to stop treating binge drinking as a collegiate rite of passage, and confront it as the serious public-health threat that it is?

While alcohol itself is a legal product that can be used, this environment both encourages and enables irresponsible and often underage drinking.

How many adults typically walk out of their homes or offices to be greeted by giant posters of buxom beer-drinking twins, or leaflets advertising dime drafts, 25-cent highballs, and sweet but potent shots with enticing names like "Sex on the Beach," the "Bionic Beaver," and the "Mind Eraser"? Yet this was exactly the scene encountered by Denver Post reporters when they chronicled the environment that still prevails in the commercial areas surrounding the University of Colorado and Colorado State in the wake of recent student deaths. As the article aptly stated, "a smorgasbord of cheap and seductive incentives to get plastered greet Colorado college students, and many dig in with glee."

The Harvard School of Public Health estimates that 44 percent of college students regularly binge drink. Imagine if four out of 10 adults engaged in behavior like going out four or five nights during the work week to gulp down six or seven beers, knock back several shots of liquor, and then head home for a nightcap? Yet such a daily scenario is played out weekly across the country involving thousands of college students, many under the legal age to purchase alcohol.

So how do we begin to address this epidemic of underage binge drinking? A good place to start is by encouraging uni-

versity administrators to implement comprehensive campus-wide programs like A Matter of Degree (AMOD), a national effort to reduce high-risk drinking among college students administered by the American Medical Association. AMOD calls for universities and the communities of which they are a part to support environmental changes that deemphasize alcohol as a part of college life, such as enforcement of minimum drinking-age laws and limiting access to low-cost, high-volume drink specials. AMOD is online at <http://www.ama-assn.org/ama/pub/category/3558.html>.

Harvard researchers have indicated that when substantial environmental changes are adopted, reductions in binge drinking and decreases in harmful "second-hand effects" of bingeing, such as date rape, assault, and vandalism, can be expected. That's good news for those concerned about college students' health and safety, because the numbers are significant. In 2003, for example, an Air Force Academy Working Group reviewed sexual assault at the school and found that alcohol use had been involved in 40 percent of the investigated cadet-on-cadet incidents.

Administrators and policy makers should also review evidence-based studies that document how high-volume, low-price alcohol promotions in the college environment can fuel binge drinking. The results suggest that policies aimed at curtailing such activities could help reduce

gross over-consumption of alcohol and its damaging effects.

What is needed most, however, is a greater sense of urgency in insisting that the status quo of 1,400 young deaths each year is unacceptable, that half-hearted efforts will bring little change, and that this is not simply a matter of a "rite of passage" or personal responsibility. Indeed, the National Academy of Sciences, among America's most respected research organizations, in a 2003 report called underage drinking a "collective responsibility."

For college administrators, students, parents, alumni, politicians, and society in general, the time has come to choose: Do we want to cultivate institutions of higher learning or of lower expectations and harder drinking? Opportunities abound to make a difference. What's missing is a concerted will to act. The death toll will be a testament to our timidity.



(Reprinted from jointogether.org. Dwayne Proctor, Ph.D., M.A., is a senior communications officer at The Robert Wood Johnson Foundation, which supports the "A Matter of Degree" program. Proctor was formerly on the faculty of the University of Connecticut School of Medicine).



Carla's Story

There are many dramatically altering experiences in a person's life that shape and change that person. I believe that one cannot fully grasp who they are until they have experienced tests of will, strength and sometimes even failure. I have tried to view the good and the bad with an objective eye, grasping every experience, taking it in, and letting them build my character one experience at a time. This is the one experience that has shaped me the most.

There was an empty beer bottle for every tear I cried. It seems like so many years ago. My mom has been sober for ten years now. Like a picture in my mind, I recall so easily the countless fights, broken bottles, and puddles of tears that my mother's drunkenness had caused.

I remember sitting in a corner, just watching

them carry on, not at me but worse, acting as if I didn't exist. I wished at times that a storm of angry words or a bottle would be directed my way, just so that they would recognize the pain that I also felt. I remember feeling so weak.

It's funny how strength works. I now realize you have to have strength in order to show weakness, and even more strength to defeat that weakness, which is exactly what I did.

That was ten years ago. My mom is a totally different person today. It's weird how when under the influence of alcohol, you aren't able to express your true identity. In a sense, during the first five years of my life, I never truly knew who my mother was, though I knew more about myself than any normal child should.

Some are ashamed of their past. These

people ignore it, use it as an excuse to fail, and wish it non-existent. I chose not to be one of these people. I look deep into my past, use it as an excuse to succeed, and wouldn't have it any other way. As a result of my past, I am stronger, more determined to succeed, and have gained more knowledge about just living life than some twice my age.

I have now made a life decision to never use alcohol or other drugs. Life is just too short. Never through any other experience have I gained so much strength and wisdom.

Life happens, whether we want it to or not. The good and the bad create character. Experiences aren't burdens or excuses, but rather building blocks, each complete with their own life lesson. This was my strongest block, and for its lessons, I am a better person.

Carla participated in the Muckleshoot Tribe's drug prevention program, funded by the DSHS Division of Alcohol and Substance Abuse.

Scott Waller Hired to Manage Strategic Prevention Framework State Incentive Grant

Scott Waller, a veteran prevention provider and program manager, has been hired to manage implementation of Washington's new Strategic Prevention Framework State Incentive Grant. The new grant is for \$2.35 million each year for five years, and is designed to help communities in the state better assess their needs and resources, so appropriate prevention programs can be put into place.

Scott brings 20 years of experience working with substance abuse prevention issues to his new position. Most recently Scott has been a Regional Prevention Manager with the Division of Alcohol and Substance Abuse (DASA). In that capacity, he helped counties and tribes in DASA's Region 6 plan for, implement, and evaluate prevention programs.

Prior to his work at DASA, Scott was a community-based prevention provider and program manager in Okanogan County. While there, he worked with numerous state, federal, and private funding sources to design and implement prevention programs.

Two Washington governors have recognized Scott for his contributions to the field and for his contributions in shaping the state's move toward more evidence-based prevention programming and evaluation.

He has written several successful funding applications and frequently serves as a grant reviewer for federal and state agencies.

He has been actively involved in assessing the prevention workforce's training needs and in developing curricula and training programs to address those needs. Scott wrote a nationally distributed report identifying standards of job performance for prevention specialists.

He has never forgotten his community roots, or the fact that community members frequently view substance abuse problems and programs differently than funding agencies.

For more information, please contact Scott Waller, SPF-SIG Program Manager, at (360) 438-8093.

Youth Drinking Trends Stabilize; Consumption Remains High


Although the prevalence of underage drinking has decreased since its peak in the late 1970s, drinking by youth has stabilized over the past decade at disturbingly high levels. The findings, part of a new analysis of youth drinking trends by researchers at the National Institutes of Health (NIH), appear in the September 2004 issue of *Alcoholism: Clinical and Experimental Research*.

"While these data confirm the reduction in underage drinking rates since the 1970s, they also underscore the need to redouble our efforts against this important problem," says Ting-Kai Li, M.D., Director of the National Institute on Alcohol Abuse and Alcoholism at the NIH. "The authors have demonstrated an important means for monitoring long-term changes in alcohol use patterns that will serve us well in these efforts."

In the current study, researchers analyzed trends in youth drinking data collected in three surveys: Monitoring the Future survey, the Youth Risk Behavior Survey, and the National Household Survey on Drug Use and Health.

The analyses showed an increase in youth drinking in the late 1970s, followed by a long period of decreases until the early 1990s. The authors note that the decline in underage drinking rates during this period probably reflects the increase in the minimum legal drinking age from 18 to 21.

Rates for any alcohol use in the past 30 days range from 19.6 percent of 8th graders to 48.6 percent of 12th graders. The data also show that more than 12 percent of 8th graders and nearly 30 percent of 12th graders report drinking five or more drinks in a row in the past two weeks.

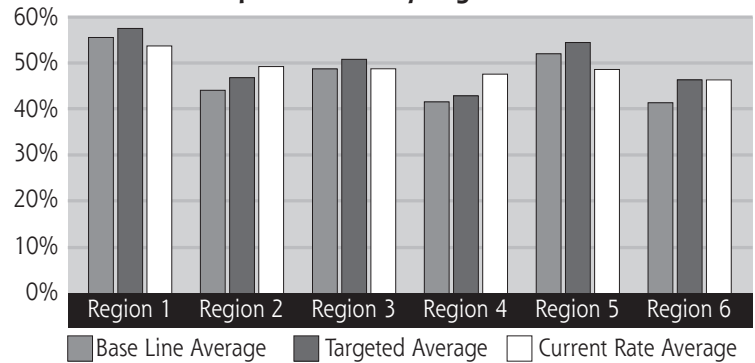
Additional alcohol research information and publications are available at www.niaaa.nih.gov. 



Outpatient Treatment Completion is Improving!

By John Taylor, DASA Region 6 Administrator

Treatment Completion Rates by Region 2003-2005 biennium




The SSI Cost Offset Studies, as well as other research, has clearly demonstrated that treatment completers have better outcomes. Better outcomes include employment, criminal justice contacts, psychiatric costs, or emergency room costs. For example, completing a treatment episode was associated with a 21% reduction in the probability of an arrest, compared with not completing treatment (Luchansky, He, & Longhi, 2002).

A 2002 study of almost 6,000 Washington State youth, 14-17 years of age, showed that clients completing treatment had a 29% reduction in risk of a felony conviction and a 17% reduction in the risk of any conviction (Luchansky, Longhi, He, & Krupski, 2002).

For the past several years, the Division of Alcohol and Substance Abuse (DASA) has been monitoring residential treatment completion rates, and we have seen a steady improvement. At the beginning of the 2003-2005 Biennium the DASA started monitoring treatment completion rates for outpatient services in all 39 counties. Clients who stay engaged in treatment longer have better outcomes regarding continued sobriety, future employment, fewer contacts with the criminal justice system, and are less likely to need other "support services."

The overriding theme of the treatment completion initiative is to improve treatment services delivery by focusing on "quality enhancements." Our clinical belief is that treatment completion is a key element of quality services. We therefore, along with providers and counties, monitor treatment completion rates to intervene early if a particular county or provider has a sudden drop in completion rates. This tracking is intended to provide the treatment agency or county coordinator with a trigger to begin asking questions about why the rate is dropping.

This biennium we have seen a steady increase in outpatient completion rates. Thanks to their attention and intervention when rates drop, counties and providers have made a positive difference. Keep up the good work. 

Washington Receives \$11.6 Million Award for Building Strategic Prevention Framework

United States Health and Human Services (HHS) Secretary Tommy G. Thompson recently announced that Washington State is one of 21 recipients of a new grant to implement the Strategic Prevention Framework that will advance community-based programs for substance abuse prevention, mental health promotion, and mental illness prevention.

Each grantee will receive \$2.35 million per year for five years, although two of the grant recipients – Guam and Palau – will receive smaller grant awards.

“Washington State’s Strategic Prevention Framework State Incentive Grant (SPF-SIG) will provide necessary resources to enhance existing assessment processes, implement and evaluate evidence-based strategies to address critical needs, and establish reporting procedures that track progress toward preventing substance abuse and related problems, including mental illness, delinquency, and violence,” said Ken Stark, Director of the Division of Alcohol and Substance Abuse, the state agency designated to manage the grant.

Washington State’s SPF-SIG will build upon the accomplishments of a previous State Incentive Grant, whose funding expired in 2002. The new project will support development of a State Epidemiological Workgroup to assemble and interpret data to identify critical prevention issues in the state.

There will also be a Strategic Prevention Framework Advisory Council that will oversee the SPF-SIG project, and facilitate implementation of a five-step process known to promote youth development, reduce risk-taking behaviors, build on assets, and prevent problem behaviors. The five steps are: (1) conduct needs assessments; (2) build state and local capacity; (3) develop a comprehensive strategic plan; (4) implement evidence-based prevention policies, programs, and practices; and (5) monitor and evaluate program effectiveness, sustaining what has worked well. The Advisory Council will also develop a data-driven Comprehensive Strategic Plan that builds upon the states’ existing Substance Abuse Prevention System.

At least 12 communities in Washington State will be funded to design and implement local community-level prevention plans, including the use of evidence-based prevention prac-

tices addressing statewide priorities and local needs. Local communities will be required to design local evaluation to assess the effectiveness of the prevention strategies they choose to implement.

In announcing the SPF-SIG grant awards, HHS Secretary Thompson said, “Our goal at HHS is to help all Americans improve the quality of their own life by making choices that lead to healthier, longer lives. That means making the right choices about what to eat, to exercise, to not smoke or use drugs, which is really about reducing those risks over which people have a choice. These grants are designed to help communities create programs to help people as they face these issues.”

Charles Curie, Administrator of the Substance Abuse and Mental Health Services Administration (SAMHSA), the federal agency administering the grant program, added, “These new grants are built on a community-based risk and protective factors approach to prevention. For example, family conflict, low school readiness, and poor social skills increase the risk for conduct disorders and depression, which in turn increase the risk for adolescent substance abuse, delinquency, and violence. Protective factors such as strong family bonds, social

skills, opportunities for school success, and involvement in community activities can foster resilience and mitigate the influence of risk factors. The grant will bring together multiple funding streams from multiple sources to implement a comprehensive approach to prevention that cuts across existing programs and systems.”

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”

Charles Curie, Administrator,
Substance Abuse and Mental Health
Services Administration (SAMHSA)

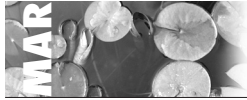


The grants will allow programs to provide leadership, technical support, and monitoring to ensure that participating communities are successful. The success of the grants will be measured by specific measurable outcomes, among them: abstinence from drug use and alcohol abuse, reduction in substance abuse-related crime, attainment of employment or enrollment in school, increased stability in family and living conditions, increased access to services, and increased social connectedness.

For further information about Washington’s SPF-SIG grant, contact Scott Waller, SPF-SIG Program Manager, at (360) 438-8093.



Upcoming Education and Awareness Events: March – May



MARCH '05

- 6-12 NATIONAL COLLEGIATE HEALTH AND WELLNESS WEEK
Contact: Bacchus and Gamma Peer Education Network, 303-871-0901
Website: www.bacchusgamma.org
- 14-20 PROBLEM GAMBLING AWARENESS WEEK
For information: www.wscpg.org
- 20-26 NATIONAL INHALANTS AND POISONS AWARENESS WEEK
Contact: National Inhalant Prevention Coalition, 1-800-269-4237
Website: www.inhalants.org
- 21-25 STATEWIDE PATIENT SATISFACTION SURVEY
Contact: Felix Rodriguez, 360-438-8629, or rodrifi@dshs.wa.gov

For more information or to register for trainings, contact DASA's Training Section at 1-877-301-4557



APRIL '05

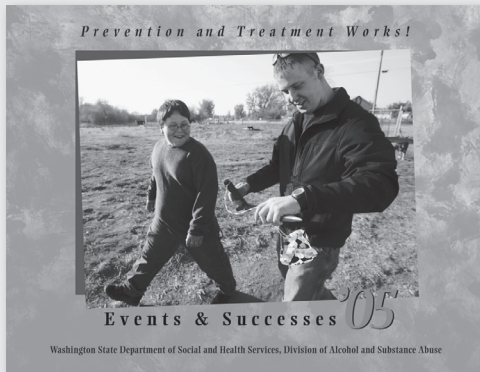
- DRUG FREE WASHINGTON MONTH
Contact: Washington State Alcohol/Drug Clearinghouse: clearinghouse@adhl.org, 1-800-662-9111 or 206-725-9696
(Date & Location TBA) BACCHUS AND GAMMA SPRING AREA CONFERENCE
Contact: Michelle Pingree, mpingree@mail.ewu.edu
Website: www.bacchusgamma.org
- 7 NATIONAL ALCOHOL SCREENING DAY
Contact: National Mental Illness Screening Project, 781-239-0071
Website: www.mentalhealthscreening.org/alchol.htm
- 13 KICK BUTTS DAY
Contact: Campaign for Tobacco Free Kids, 202-296-5469
Website: www.tobaccofreekids.org, or www.kickbuttsday.org



MAY '05

- 8-14 ALCOHOL & OTHER DRUG RELATED BIRTH DEFECTS AWARENESS WEEK
Contact: National Council on Alcoholism and Drug Dependence, 212-269-7797
Website: www.ncadd.org
- 20 SAYING IT OUT LOUD CONFERENCE: Enhancing Skills and Knowledge In Working With GLBTQ Youth and Adults, Shoreline Conference Center, Seattle
Contact: DASA, 1-877-301-4557
- 31 WORLD NO TOBACCO DAY
Contact: World Health Organization, 202-974-3000
Website: www.who.int

**Want to share FOCUS with others?
Let them know it's on DASA's website
at www1.dshs.wa.gov/dasa
(click on "What's New")**



Order Your 2005 Calendar of Events and Success Stories

The 2005 DASA Calendar, with drug education and awareness events and prevention and treatment success stories, is available now from the Washington State Alcohol/Drug Clearinghouse. To order the calendar, email the Clearinghouse at clearinghouse@adhl.org, or phone them at 1-800-662-9111, or in Seattle, 206-725-9696.

Our heartfelt thanks go to every agency, provider and individual who contributed to the 2005 Calendar with events and stories. The Calendar is also available on DASA's webpage at www1.dshs.wa.gov/dasa, in the "What's New" section.



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